

# Drs. Liversedge, McCurdie and Wong

## Quality Report

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Date of inspection visit: 7 April 2016

Date of publication: 20/05/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Drs. Liversedge, McCurdie and Wong	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs. Liversedge, McCurdie and Wong on 7 April 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Blank prescription forms and pads were securely stored. However there was not a system in place to log the use of prescriptions. The provider should take action to maximise the security of blank prescriptions.

There was no documented evidence to reflect that checks were made to ensure the registration status of the

# Summary of findings

qualified nurses was monitored to determine their annual re-registration had been completed. The provider should take action to maximise the safety of their employment processes by introducing such checks.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) and the Bolton quality contract showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey and surveys conducted by the practice showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The senior partner is also the clinical director for primary care at Bolton.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient forum group was very active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice team routinely discussed any non-elective admission in the care planning meetings to see collectively if there was anything they could have done differently to prevent the admission.
- The practice team was aware that social isolation is an increasing problem for the elderly. They had taken part in a pilot project with the local authority's Staying Well co-ordinator to develop integrated strategies to tackle this social isolation.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had systems in place to ensure patients with long term conditions were provided with the appropriate care, treatment and review. Data from the Quality and Outcomes Framework (QOF) and the Bolton quality contract showed patient outcomes were at or above average compared to the national average for patients with long term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided extended hours on Wednesday evenings and Saturday mornings and promoted these times for people who don't want to take time off work.
- The practice provided telephone consultations to all their patients if they found this more convenient.

**Good**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



# Summary of findings

- Wheelchair access was good both inside and outside the building.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, which is higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was mainly performing better or in line with local and national averages. There were 276 surveys sent out with 118 responses which represents a 43% completion rate, and is approximately 2% of the total practice population.

- 92% find it easy to get through to this surgery by phone compared with the national average of 73%.
- 90% find the receptionists at this surgery helpful compared with the national average of 87%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 85%.
- 93% say the last appointment they got was convenient compared with the national average of 92%.

- 82% describe their experience of making an appointment as good compared with the national average of 73%.
- 57% feel they don't normally have to wait too long to be seen compared with the national average of 58%.

We spoke with 10 patients who used the service prior to and on the day of our inspection and reviewed 46 completed CQC comment cards. The patients we spoke with were very complimentary about the quality of the service provided and the care and treatment they received. Patients told us that all the practice team treated them respectfully and in a person-centred way. The comments on the cards provided by CQC were also very complimentary about the service provided and the access to that service.

## Areas for improvement

### Action the service **SHOULD** take to improve

Blank prescription forms and pads were securely stored. However there was not a system in place to log the use of prescriptions. The provider should take action to maximise the security of blank prescriptions.

There was no documented evidence to reflect that checks were made to ensure the registration status of the qualified nurses was monitored to determine their annual re-registration had been completed. The provider should take action to maximise the safety of their employment processes by introducing such checks.

# Drs. Liversedge, McCurdie and Wong

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Inspector and two specialist advisors (a GP and a practice manager). Our inspection team also included an Expert by Experience who is a person who uses services and wants to help CQC to find out more about people's experience of the care they receive.

## Background to Drs. Liversedge, McCurdie and Wong

Drs. Liversedge, McCurdie and Wong is a GP practice situated in the Bromley Cross area of Bolton. At the time of this inspection we were informed 6,231 patients were registered with the practice.

The practice population experiences much lower levels of income deprivation than the practice average across England. There is a similar proportion of patients above 65 years of age (14%) to the practice average across England (16%). The practice has a similar proportion of patients under 18 years of age (24%) than the practice average across England (23%). 40 per cent of the practice's patients have a longstanding medical condition compared to the practice average across England of 57%.

At the time of our inspection four GP partners (three male and one female) and a salaried GP (female) were providing primary medical services to patients registered at the

practice. The GPs were supported in providing clinical services by an advanced nurse practitioner, four practice nurses and one assistant practitioner. Clinical staff were supported by the practice manager and the nine members of the practice management team.

The opening times of the practice are were Monday and Tuesday 8am to 6.30pm, Wednesday 8am to 7.30pm, Thursday and Friday 8am to 6.30pm and Saturday 9am to 11am. Appointment times vary between the clinicians and are fully detailed on the practice website. The practice has opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by the 111 service and Bury and Rochdale Doctors (BARDOC). The practice website and patient information leaflet available at the practice details how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

The practice contracts with NHS England to provide Personal Medical Services (PMS) to the patients.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 7 April 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Safeguarding issues were also discussed at the weekly practice meeting. Staff demonstrated they understood

their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However there was not a system in place to log the use of prescriptions. The provider should take action to maximise the security of blank prescriptions. The advanced nurse practitioner and practice nurses had qualified as Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was no documented evidence to reflect that

## Are services safe?

checks were made to ensure the registration status of the qualified nurses was monitored to determine their annual re-registration had been completed. The provider should take action to maximise the safety of their employment processes by introducing of such checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received regular basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The clinical staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Discussion with GPs and practice nurses and looking at how information was recorded and reviewed, demonstrated that systems were operating to ensure patients were being effectively assessed, diagnosed, treated and supported.

### Management, monitoring and improving outcomes for people

Information about the outcomes of patients care and treatment was collected and recorded electronically in individual patient records. This included information about their assessment, diagnosis, treatment and referral to other services.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. It was evident from the discussions we had with the GPs that clinical audit was an important feature of clinical practice and documentation relating to three such projects was seen - two relating to medicines prescribed relating to particular medical conditions and one relating to hand washing practices. We saw evidence of informal individual peer review and support to discuss issues and potential improvements in respect of clinical care. There was a strong network of informal communication between the clinicians that was supplemented by regular documented practice clinical meetings to support and embed the learning from such audits.

Feedback from patients we spoke with, or who provided written comments, was very positive and complimentary in respect of the quality of the care, treatment and support provided by the practice team. There was no evidence of discrimination or barriers in relation to the provision of care, treatment or support.

### Effective staffing

The practice employed medical, nursing, managerial and administrative staff. Recruitment records demonstrated that staff possessed the right qualifications, skills, knowledge and experience to do their job when they start their employment. Clinical and non-clinical staff we spoke with said they were encouraged and were enabled to access training that was relevant to their role and responsibilities. Practice nurses had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines and cervical cytology. GPs were up to date with their yearly continuing professional development requirements and had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

Systems were in place to ensure patients were able to access treatment and care from other health and social care providers where necessary. This included patients who had complex needs or had been diagnosed with a long term condition. There were clear mechanisms to make such referrals promptly and this ensured patients received effective, co-ordinated and integrated care. We saw referrals were assessed as being urgent or routine. Patients we spoke with, or received written comments from, said that if they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

We saw clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. The clinicians had established good systems of communication with other health care professionals to plan and co-ordinate the care of patients (including those

# Are services effective?

(for example, treatment is effective)

near the end of their life). We saw records of meetings with other health and social care professionals. There was a co-ordinated approach to communicating and liaising with the provider of the GP out of hour's service. In particular the practice provided detailed clinical information to the out of hour's service about patients with complex healthcare needs. Also all patient contacts with the out of hour's provider were reviewed by a GP the next working day.

A system was in place for hospital discharge letters and specimen results to be reviewed by a GP who would initiate the appropriate action in response.

## Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

## Health promotion and prevention

All new patients, including children, were provided with appointments to establish their medical history and current health status. This enabled the practice clinicians to quickly identify who required extra support such as patients at risk of developing, or who already had, an existing long term condition such as diabetes, high blood pressure or asthma.

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. A wide range of health promotion information was available and accessible to patients particularly in the patient waiting area of the practice. This was supplemented by advice and support

from the clinical team at the practice. Health promotion services provided by the practice included smoking cessation and weight management. The practice patients also benefitted from regular health promotion and prevention support provided by a qualified health trainer who attended the practice each week.

The practice had arrangements in place to provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation and influenza vaccinations were provided. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. Flu vaccination rates for the over 65s were above the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice operated a comprehensive screening programme. The practice's uptake for the cervical screening programme was better than the national average. There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening.

A system was in place to provide health assessments and regular health checks for patients when abnormalities or long term health conditions are identified. This included sending appointments for patients to attend reviews on a regular basis. When patients did not attend this was followed up to determine the reason and provide an alternative appointment.

Patients with long term sickness were provided with fitness to work advice to aid their recovery and help them return to work.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spoke with 10 patients who used the service prior to and on the day of our inspection and reviewed 46 completed CQC comment cards. The patients we spoke with were very complimentary about the quality of the service provided and the care and treatment they received. Patients told us that all the practice team treated them respectfully and in a person-centred way. The comments on the cards provided by CQC were also very complimentary about the service provided and the access to that service.

The January 2016 GP patient survey reflected that 93% of respondents said the last GP they saw or spoke to was good at treating them with care and concern (CCG average; 87%, England average; 85%). 90% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average; 90%, England average; 91%). 99% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average; 96%, England average; 95%). 96% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average; 96%, England average; 95%).

We observed staff to be respectful, pleasant and helpful with patients and each other during our inspection visit.

Patient appointments were conducted in the privacy of individual consultation rooms. Patients said their privacy and dignity was respected and maintained including when physical or intimate examinations were undertaken. Examination couches were provided with privacy curtains for use during physical and intimate examination and a chaperone service was provided.

Staff we spoke with said if they witnessed any discriminatory behaviour or where a patient's privacy and dignity was not respected they would be confident to raise the issue with the practice manager or one of the GP partners. We saw no barriers to patients accessing care and treatment at the practice.

### Care planning and involvement in decisions about care and treatment

Comments we received from patients demonstrated that practice staff listened to them and concerns about their health were taken seriously and acted upon. They also told

us they were treated as individuals and provided with information in a way they could understand and this helped them make informed decisions and choices about their care and treatment. A wide range of information about various medical conditions was accessible to patients from the practice clinicians and was prominently displayed in the waiting area. Results from the January 2016 national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%. 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.

Where patients and those close to them needed additional support to help them understand or be involved in their care and treatment, the practice had taken action to address this. For example language interpreters were accessible if required.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact patient care and treatment may have on them and those close to them. The practice had taken proactive action to identify, involve and support patient's carers. The practice waiting area contained prominently displayed information about carers and patients are invited to self-refer to the practice with regard to their caring responsibilities. A wide range of information about how to access support groups and self-help organisations was available and accessible to patients from the practice clinicians and in the reception area.

The practice had identified social isolation as being a particular issue for many of their older patients. After discussion in a practice meeting it was agreed that, in addition to working as a pilot site with the Staying Well Co-ordinator, the practice should look at further ways to try to address this problem. One initiative was to draw-up a list



## Are services caring?

of patients who were particularly isolated and invited them to a Christmas Carol Service at a local primary school. One of the GP partners and other practice staff then picked up the eight patients who had accepted the invitation and took them to the Carol Service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Bolton Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments on Wednesday evenings and Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The opening times of the practice are were Monday and Tuesday 8am to 6.30pm, Wednesday 8am to 7.30pm, Thursday and Friday 8am to 6.30pm and Saturday 9am to 11am. Appointment times varied between the clinicians and were fully detailed on the practice website. The practice had opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by the 111 service and Bury and Rochdale Doctors (BARDOC). The practice website and patient information leaflet available at the practice detailed how to access medical advice when the practice was closed. Patients are also provided with these details via a recorded message when they telephoned the practice outside the usual opening times.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This included notices and a complaints information in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written complaints. We looked at all complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was a culture of openness and transparency by the practice when dealing with the complaint.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

There was an established leadership structure with clear allocation of responsibilities amongst the GPs and the practice team. The practice management team described to us a clear value system which provided the foundations for ensuring the delivery of a high quality service to patients. The culture at the practice was one that was open and fair.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient forum group and through surveys and complaints received. The forum met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with members of the patient forum prior to our visit. They spoke very positively in respect of the management of the practice encouraging them to express their views, listening to those views and responding positively to them.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.